**ATTACHMENT 4.35-F** Revision: HCFA-PM-95-4 (HSQB) JUNE 1995 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: ARIZONA ELIGIBILITY CONDITIONS AND REQUIREMENTS Enforcement of Compliance for Nursing Facilities State Monitoring: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy. X Specified Remedy Alternative Remedy (Describe the criteria and demonstrate (Will use the criteria and notice requirements that the alternative remedy is as specified in the regulation effective in deterring non-compliance. Notice requirements are as specified in the regulations.

TN No. <u>95-08</u> Supersedes TN No. <u>None</u>